



# HHSC UNIFORM MANAGED CARE MANUAL

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## Members with Special Health Care Needs (MSHCN) Report Instructions

EFFECTIVE DATE
May 1, 2016
Version 2.0

### DOCUMENT HISTORY LOG

STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRIPTION <sup>3</sup>
Baseline	2.0	May 1, 2016	Initial version Uniform Managed Care Manual Chapter 5.4.6.2, "Members with Special Health Care Needs (MSHCN) Report Instructions."  Chapter 5.4.6.2 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001 and 529-12-0002.

<sup>1</sup> Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.

<sup>2</sup> Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision.

<sup>3</sup> Brief description of the changes to the document made in the revision.



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#### I. Applicability of Chapter 5.4.6.2

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR and CHIP. In this chapter, references to “CHIP” or the “CHIP Managed Care Program(s)” apply to the Children's Health Insurance Program. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR Program. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, and any other entities licensed or approved by the Texas Department of Insurance. The requirements in this chapter apply only to STAR and CHIP programs.

#### II. General

MCOs must complete the Quarterly MSHCN Report using the locked Microsoft Excel template provided by HHSC. Each MCO is required to submit one report that includes all Service Areas by plan code. Data integrity is critical to the automated compilation of the data. Do not alter the file name, sheet names, existing cell locations, or formatting of the data in the file and sheets. Do not add or delete any columns or rows. **Any deviations from the locked template will render the report unreadable by the software application and therefore unacceptable to HHSC.**

In order to maintain consistency, please ensure that the data input is in black. All line numbers in these instructions refer to the line numbers in column A on each worksheet.

The Quarterly reports are due 30 days after the end of each quarter of the State Fiscal Year.

#### III. Naming Convention and Submission

MCOs must choose one plan code for the deliverable name and submission.

#### IV. References

Uniform Managed Care Contract (UMCC) 8.1.12.1

UMCC 8.1.20.2



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#### V. Definition of Terms Used in MSHCN Report

**Member with Special Health Care Needs (MSHCN)** A member including a child in the Department of State Health Services (DSHS) Children with Special Health Care Needs (CSHCN) Program as further defined in Texas Health & Safety Code § 35.0022, who:

- (1) has a serious ongoing illness, a Chronic or Complex Condition, or a Disability that has lasted or is anticipated to last for a significant period of time, and
- (2) requires regular, ongoing therapeutic intervention and evaluation by appropriately trained health care personnel.

**New MSHCN:** A member identified as MSHCN in the enrollment file or in accordance with UMCC 8.1.12.1 in the reporting month

**Service Plan:** A service plan developed in accordance with UMCC 8.1.12.3.

#### VI. Instructions for Completing Report

1. Column A PCN: Enter the MSHCN's Medicaid ID.
2. Column B DOB: Enter the MSHCN member's date of birth (yyyymmdd).
3. Column C Last Name: Enter MSHCN member's last name.
4. Column D First Name: Enter MSHCN member's first name
5. Column E Middle Name: Enter MSHCN member's middle name
6. Column F New MSHCN Member: Enter 1 for yes and 0 for no. The MCO will enter 1 for the first month the Member is identified as MSHCN. The MCO will enter 0 for each month following the first month that the member remains an MSHCN. If the MCO determines the Member is no longer an MSHCN, the Member will be removed from list for the month after the determination was made. Example: A Member is diagnosed with a high risk pregnancy and identified as an MSHCN in October before delivery in December. For this Member the MCO will enter 1 for October and 0 for November in the Q1 MSHCN Report. For this Member the MCO will enter 0 for December and will not list the member for January in the Q2 MSHCN Report.
7. Column G Service Plan Indicator: Enter 1 if member has a service plan. Enter 0 if the member does not have a service plan.
8. Column H Health Plan Code: Enter 2-character health plan code.



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9. Column I Report Submission Date: Enter the date the report is submitted to HHSC as yyyyymmdd.
10. Column J Reporting Month: Enter month for which data is being reported as yyyyymm. Each month of the quarter will be reported separately within the quarterly report.